



# BEST Life *Dental*

**Utah Topaz PPO and Indemnity Plans**

UTAH



**B**EST Life has been providing dental benefits to individuals, families and employers for more than 42 years with quality plans and affordable rates. We pride ourselves on our superior customer service, rapid claims payment and the quality health plans that remain the BEST Life trademark.

## More Choice. More Savings.

Members have the freedom to choose any dental provider of their choice, plus get additional cost-savings with access to our national and regional networks.

Network	States of Coverage	Products/Plans
DenteMax	National	PPO and Indemnity
Diversified Dental Services (DDS)	NV	PPO and Indemnity
First Dental Health (FDH)	CA	PPO and Indemnity
Maverest Dental Alliance	IN	PPO and Indemnity
Total Dental Administrators (TDA)	AZ* and UT	PPO and Indemnity
Connection Dental	DC, FL, MD, MO, NE, PA and TX	PPO Plans Only

\*Network available for PPO plans only.

## Good Vision Benefit for Children

When you purchase a dental plan with orthodontic benefits, you also get 50% of UCR coverage for an eye exam once every 12 months for eligible dependent children through age 18.

## Supplemental Dental Accident Benefit

Every BEST Life dental plan includes coverage for injuries to sound, natural teeth of up to \$1,000 per incident. And it's not counted toward the calendar year maximum benefit.

When you choose BEST Life, you can rest easy.

**Your smiles are safe with us.™**

Strength

Accessibility

Stability

Affordable Rates



## Additional member benefits.

Members also receive these additional discounts and benefits. See more at [www.bestlife.com](http://www.bestlife.com).

### Jenny Craig

**Get healthy with Jenny Craig and BEST Life**  
Jenny Craig clients lose 3x more weight than dieting on their own.\*\* Your consultant will help you find the program that fits your life. Plus, they'll work with you to create a menu of delicious, nutritionally-balanced meals to help you keep feeling full and satisfied every step of the way!

\*\*Rock CL, Flatt SW, Karanja N, et al. JAMA. 2010;304(16):1803-1811. Clients following our program, on average, lose 1-2 lbs per week.

As a BEST Life and Health Insurance member, you can choose one of these discounted offers from Jenny Craig:

- FREE 30-Day Program\*  
or
- 30% off of the Jenny All Access Membership\*

Visit [www.jennycraig.com/orgcode=bestlife](http://www.jennycraig.com/orgcode=bestlife) to register and unlock your discounts. Then call 1-877-Jenny70 to get started.

\*Plus the cost of food. Plus the cost of shipping, if applicable. Valid at participating centers and through Jenny Anywhere. No cash value. One offer per person. Not valid with any other program offers or discounts. Restrictions apply.

### EyeMed Vision Care®

Discounts offer eye exams, eyewear and eye correction surgery at affordable prices and with no limitations to how many times you access them.

☎ 1 (866) 723-0514  
🌐 [eyemedvisioncare.com](http://eyemedvisioncare.com)

### QualSight® LASIK

Receive 40-50% off the national average charge for traditional LASIK with significant savings on procedures such as custom bladeless (all laser) LASIK.

☎ 1 (877) 507-4448  
🌐 [bestlife.com/qualsight](http://bestlife.com/qualsight)

### Sears Commercial

As a member, you can take advantage of the Sears Commercial Appliance Select Plus Program. You'll receive special pricing on brand name appliances, exercise equipment, televisions and more.

☎ 1 (818) 681-2429  
Mention Code CU0103667

### Avis®

Discounts on car rentals at any Avis location.

🌐 [bestlife.com/avis](http://bestlife.com/avis)

### Pets Best Insurance

Members save 5% on eligible plans offering accident and illness coverage for dogs and cats.

☎ 1 (877) 738-7237  
🌐 [bestlife.com/petsbest](http://bestlife.com/petsbest)



# Topaz Dental Indemnity Plan Summary

Employer sponsored available to groups of 2+

Voluntary available to groups of 5+

Benefits	Premium Plan	Classic Plan	Basic Plan	Value Plan
<b>Calendar Year Maximum</b>	\$2,500	\$2,000	\$1,500	\$1,500
	\$2,000	\$1,500	\$1,000	\$1,000
	\$1,500	\$1,000	\$500	\$500
	\$1,000			
<b>Individual Calendar Year Deductible</b> 3 per family max.	\$0, \$25, \$50, \$75 or \$100 Waived on preventive services.			
<b>Class I: Preventive Services</b> Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants.	100%	100%	100%	100%
<b>Class II: Basic Services</b> Fillings (amalgam, porcelain and plastic), anterior and posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery.	90%	80%	80%	50%
<b>Class III: Major Services</b> Crowns and gold fillings, inlays, onlays and pontics, fixed bridges, implants, complete and partial dentures.	60%	50%	0%	0%
<b>Oral Surgery</b>	Class II or Class III			
<b>Endodontics</b>	Class II or Class III			
<b>Periodontics</b>	Class II or Class III			
<b>Waiting Periods</b>	12 month waiting period applies to major and orthodontic services. Waived for qualifying groups.		None	
<b>Special Dental Accident Benefit</b>	\$1,000 maximum per accident to sound, natural teeth.			
<b>Out-of-Network Reimbursement</b>	UCR at 80th, 90th Percentile or MAC			
<b>Orthodontics Option</b>	50%		Not offered	
<b>Child Only Orthodontic Benefit Option</b> Dependent children through age 18.	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum			
<b>Adult/Child Orthodontia Benefit Option</b>	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum			
<b>Child Good Vision Benefit</b> Included with orthodontia.	Covers 50% of UCR for an eye exam once every 12 months for children through 18.			

Child orthodontia is available for groups with 5 or more enrolling. Adult orthodontia is available for employer-sponsored groups with 25 or more enrolling.

Effective January 1, 2014: the ACA requires coverage of the 10 Essential Health Benefits with specific pediatric dental components for children 0-18 that are not included in this plan.



# Topaz Dental PPO Plan Summary

Employer sponsored available to groups of 2+

Voluntary available to groups of 5+

Benefits	Premium Plan		Classic Plan		Basic Plan		Value Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Maximum</b>	\$2,500	\$2,000	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
	\$2,000	\$1,500	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000
	\$1,500	\$1,500	\$1,500	\$1,000	\$500	\$500	\$500	\$500
	\$1,500	\$1,000	\$1,000	\$1,000				
	\$1,000	\$1,000	\$1,000	\$500				
<b>Individual Calendar Year Deductible</b> (3 per family max.)	\$0, \$25, \$50, \$75 or \$100 Waived on preventive services.							
<b>Class I: Preventive Services</b> Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants.	100%	100%	100%	80%	100%	80%	100%	80%
<b>Class II: Basic Services</b> Fillings (amalgam, porcelain and plastic), anterior and posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery.	90%	80%	80%	60%	80%	50%	50%	20%
<b>Class III: Major Services</b> Crowns and gold fillings, inlays, onlays and pontics, fixed bridges, implants, complete and partial dentures.	60%	50%	50%	50%	0%	0%	0%	0%
<b>Oral Surgery</b>	Class II or Class III							
<b>Endodontics</b>	Class II or Class III							
<b>Periodontics</b>	Class II or Class III							
<b>Waiting Periods</b>	12 month waiting period applies to major and orthodontic services. Waived for qualifying groups.				None			
<b>Special Dental Accident Benefit</b>	\$1,000 maximum per accident to sound, natural teeth.							
<b>Out-of-Network Reimbursement</b>	UCR at 80th, 90th Percentile or MAC							
<b>Orthodontics Option</b>	50%				Not offered			
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Child orthodontia is available for groups with 5 or more enrolling. Adult orthodontia is available for employer-sponsored groups with 25 or more enrolling.

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# The Fine Print

## Employee Effective Date

Employee coverage takes effect:

- On the date the group's coverage takes effect if the employee enrollment card is received within 31 days of that date and if there are no waiting periods to satisfy
- On the first day of the calendar month following the date the waiting period is met. The employee's enrollment card must be received within 31 days after satisfying the waiting period. If an employee is not working full-time on the date he or she would otherwise become covered, the employee will not be eligible for coverage until he or she returns to active work.

New employee hires can join the plan the first of the month after the date of hire, if elected by the employer on the employer application.

## Dependent Eligibility

Eligible dependents include spouse and dependent children. The definition of dependent may vary by state. Refer to the certificate of insurance or your sales representative for details.

## Dependent Effective Date

Insurance for eligible dependent will take effect on the later of the following:

- If an eligible employee enrolls their eligible dependents at the time of the initial enrollment, then the dependent effective date is the same as the employee effective date
- If after the eligible initial enrollment, the employee acquires an eligible dependent, then the acquired effective date for the dependent is the first day of the calendar month following the dependent enrollment date. Enrollment must be made within 31 days of the dependent initial eligibility date.

## Late Entrants To The Plan

If an employee or dependent enrolls for coverage 31 days or more after becoming eligible, he or she will be considered a late entrant and only eligible for:

- A "late entrant" shall only be eligible for Preventive Dental Procedures during the first 12 months of continuous coverage.
- During the second 12 months of continuous coverage, a "late entrant" shall only be eligible for CLASS I - Preventive Dental Procedures and for 50% of the Benefits for Basic Dental Procedures. During this second 12 months of continuous coverage, the "late entrant" Benefits shall not exceed a maximum of \$500.
- The "late entrant" Benefits are subject to the Individual Calendar Year Deductible and Percentage Payable shown in the Schedule of Benefits of this Certificate, except as stated for Basic Dental Procedures above.

## Usual, Customary and Reasonable

Claims payment on the Usual, Customary and Reasonable (UCR) based charge for covered dental services and supplies. UCR is determined by the fee commonly charged specifically for the severity and nature of the treatment within the dentist's particular geographic area. In-network claims are paid by the UCR fees listed in the preferred provider fee schedule. Out-of-network claims payments are based either on the UCR or on a fee level that is within the same range of fees customarily charged for the services or supplies in the geographic area concerned.

## Maximum Allowable Charge (MAC)

On plans with the MAC option, claims payments are based on the fees listed in the preferred provider fee schedule or on a set fee level based on what is customarily charged for dental services or supplies in the geographic area. For in-network claims, preferred providers have agreed to accept payment based on the preferred provider fee schedule as payment in full. Any amounts over the MAC for out-of-network claims are the responsibility of the member.

## Advance Notice of Dental Treatment

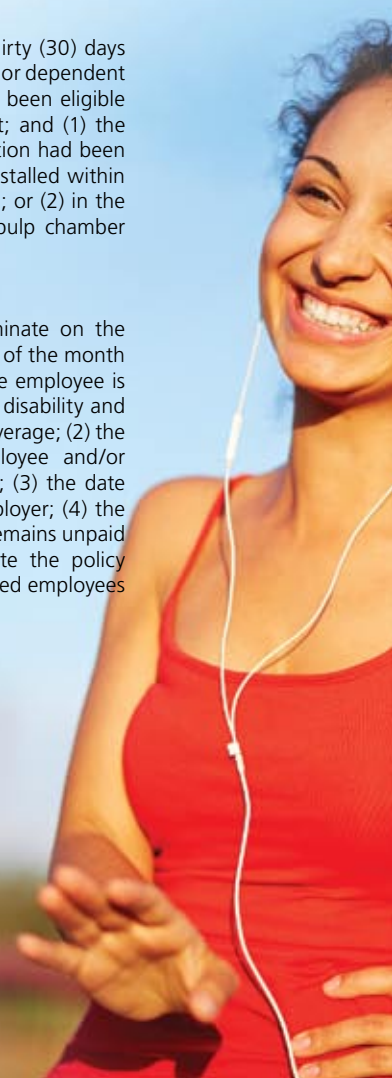
Any course of treatment a provider estimates to be in excess of \$500 should be reported to the company for predetermination prior to the treatment being rendered. A predetermination is an estimate of how benefits will be processed.

## Extension of Dental Benefits

We will continue to pay dental benefits for thirty (30) days following the termination date of the employee or dependent coverage if the expenses incurred would have been eligible for payment had coverage remained in effect; and (1) the impression for a prosthetic device or modification had been taken before termination and delivered and installed within 30 days following the termination of coverage; or (2) in the treatment of root canal therapy, where the pulp chamber was opened before termination.

## Termination of Coverage

Employee and dependent coverage will terminate on the earliest of the following events: (1) the last day of the month in which active employment ceases, unless the employee is on leave of absence, temporary layoff or total disability and the employer decides to continue paying for coverage; (2) the last day of the month in which the employee and/or dependent ceases to be eligible for insurance; (3) the date the employer ceases to be a Participating Employer; (4) the day before the due date of any premium that remains unpaid at the end of the grace period; (5) the date the policy terminates; or (6) the date the number of insured employees of a Participating Employer falls below two.



# Dental Exclusions

The following is a summary list of services and supplies that are not generally covered. The certificate of insurance may contain exceptions to this list based on state mandates or the plan design purchased and should be consulted.

No payments are made for and covered dental expenses do not include:

1. Treatment by someone other than a doctor of medical dentistry or a doctor of dental surgery, except where performed by a licensed hygienist under the direction of a doctor of medical dentistry or a doctor of dental surgery.
2. Expenses incurred while on active duty with any military, naval or air force of any country or international organization.
3. An appliance used to repair or replace missing teeth or modification of an appliance where an impression was made before the patient was covered; a crown, bridge or other lab fabricated restorations for which the tooth was prepared before the patient was covered; root canal therapy if the pulp chamber was opened before the patient was covered.
4. Pulp capping if in conjunction with the installation of inlays, onlays or crowns, fillings or other lab fabricated restorations including but not limited to inlays, onlays and crowns, preventative tests and examinations, diagnostic casts and oral cancer screenings and expenses incurred for sedative fillings including charges for prescribed drugs, pre-medication or analgesia.
5. Replacement of a lost, stolen or discarded prosthetic device.
6. Dental services and supplies which are given primarily for cosmetic reasons including alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
7. The initial installation of a prosthetic device (a fixed bridge, implant or denture) including crowns and inlays which form abutments, to replace teeth missing before coverage under the policy except when it also replaces a tooth extracted while covered unless installation commences after continuously covered under this plan for at least 3 years immediately prior to the date installation commences.
8. Expenses incurred for orthodontic treatment and orthodontia type procedures unless such procedures are covered under an orthodontic rider.
9. Expenses incurred as a result of participating in a riot, insurrection or the commission of a felony.
10. Charges in excess of usual, reasonable and customary charges or in excess of the calendar year maximum amount stated in the schedule of dental benefits section of this plan or in excess of the preferred provider fee schedule.
11. Services and supplies not reasonably necessary or not otherwise specifically listed as an eligible expense.
12. Charges for service provided for temporomandibular joint dysfunction (TMJ) or expenses incurred for congenital or developmental malformations.
13. Services and supplies covered under any workers' compensation act or similar law or expenses incurred due to treatment rendered by the employer.
14. Services and supplies performed outside of the U.S.
15. Implants, implant services and implant supported prosthetics are not covered for patients under the age of 16.
16. Any services or supplies for correction or alteration of occlusion or any occlusal adjustment expenses incurred for night guards or any other appliances for the correction of harmful habits.
17. Expenses for safe fees (gloves, masks, surgical scrubs or sterilization).
18. Expenses incurred due to treatment rendered by a family member. For the purpose of this limitation, family member includes but is not limited to the insured's lawful spouse, child, parent, step-parent, grandparent, brother, sister, cousin or in-law.
19. Expenses for services the insured would not legally have to pay if there were no insurance.
20. Services not completed on or before the date of termination must be completed within 30-days of the termination date unless such services are covered under the extension of dental benefits.
21. If the insured transfers from the care of one dentist to another dentist during the course of treatment or if more than one dentist renders services for one dental procedure, the amount liable is only the amount that would have been charged had one dentist rendered the services.
22. Expenses that are applied toward satisfaction of a deductible, if applicable.
23. For all procedures that are begun prior to your effective date.
24. Adjustment, repairs or relines of prostheses for a period of one year from initial placement if the prosthesis was paid under this plan.
25. If multiple endodontic treatments are necessary on the same tooth within a period of one year, the allowance is only for one procedure.
26. The extraction of immature erupting third molars and non-pathologic, asymptomatic third molar extractions.
27. Expenses for gross debridement allowed one time at the beginning of the periodontal treatment plan prior to pocket depth charting.
28. Surgical procedures incidental to orthodontic treatment including but not limited to extraction of teeth solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia or repair of cleft palate.
29. Any service or procedure not commonly found within the scope of practice by a licensed dentist as identified within the current CDT codes.
30. Temporary services are considered an integral part of final services rather than a separate service and are therefore not eligible for benefits.
31. X-rays are considered an integral part of the endodontic procedure rather than a separate service and are therefore not eligible for benefits.
32. Expenses incurred for a core buildup will only be considered in conjunction with a crown.
33. Chemotherapeutic agents and any other experimental procedures.
34. Expenses incurred for veneers and related procedures.





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